

APPLICATION HOUSING BOND ALLOCATION

1. GENERAL INFORMATION

- A. Issuing Entity _____
- B. Name of Project _____
- C. Type of Project
- ☐ Single Family ☐ Multifamily
- _____ Number of Units _____ Number of Units
- D. Bond allocation requested \$ _____

2. PROJECT INFORMATION

- A. General Description of the Project

- B. Please check the appropriate response for the low income set-aside requirement if the project is a multifamily rental project.

- ☐ 40% of the units will be occupied by persons having incomes of 60% of area median income or less.
- ☐ 20% of the units will be occupied by persons having incomes of 50% of area median income or less.

C. Location of Project (City, County, or Town) _____

D. Name, address, phone number, and tax ID number of each proposed borrower and developer.

E. Name, address, and phone number of bond counsel.

3. ATTACHMENTS - ALL FIVE ATTACHMENTS MUST BE SUBMITTED WITH THIS FORM. ALLOCATIONS CANNOT BE AWARDED UNTIL ALL ATTACHMENTS HAVE BEEN RECEIVED. ALL DOCUMENTATION MUST BE CURRENT.

A. Copy of inducement resolution or other documentation of the preliminary approval of the project by the issuing authority, in conformity with applicable federal and state law.

B. Copy of appropriate elected official's or governing body's (or bodies') formal approval of the project, in conformity with applicable federal and state law.

C. Written opinion of bond counsel that the project is eligible to utilize private activity bonds pursuant to the Internal Revenue Code of 1986, as amended, and that an allocation of bond issuing authority from the state ceiling on private activity bonds is required.

D. A definite and binding financing commitment from the buyer or underwriter of the bonds for the project.

E. A letter from the chief appointed official of the locality in which the project is located, endorsing the project and stating that the project is in conformity with the Consolidated Plan covering the locality.

4. CERTIFICATION

I hereby certify that the information filed herewith is accurate to the best of my knowledge.

Name of Issuing Entity

By: _____
Signature of Authorized Representative

Name (please print) _____

Title _____

Full Address _____

Date _____

Submit completed applications to:

Virginia Small Business Financing Authority
707 E. Main Street
Suite 300
Richmond, VA 23219
Attn: Allocation Administrator